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PTO/SB/21 (modified) (04-04)

Approved for use through 04/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/578,672	
	Filing Date	5/25/2000	
	First Named Inventor	Cynthia Donovan	
	Art Unit	2445	
	Examiner Name	Mirza, Adnan	
Total Number of Pages in This Submission	82	Attorney Docket Number	1112

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Postcard
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Charles E. Gotlieb
Signature	
Date	August 28, 2009

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Arlington, VA 22313-1450 on the date shown below.			
Typed or printed name	Denisa Marcisovska		
Signature		Date	August 28, 2009

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# FEE TRANSMITTAL for FY 2005

Effective 10/01/2003. Patent fees are subject to annual revision

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

## Complete if Known

Application Number	09/578,672
Filing Date	5/25/2000
First Named Inventor	Cynthia Donovan
Examiner Name	Mirza, Adnan
Art Unit	2445
Attorney Docket No.	1112

## METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit card ☐ Money Order ☐ Other ☐ None

☐ Deposit Account:

Deposit Account Number  
07-1738  
Deposit Account Name  
Charles E. Gotlieb

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	1090	2001	545	Utility filing/search/exam	
1002	380	2002	190	Design filing/search/exam	
1003	600	2003	300	Plant filing/search/exam	
1004	810	2004	405	Reissue filing/search/exam	
1005	220	2005	110	Provisional filing fee	
SUBTOTAL (1) (\$)					

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims 31 .31 \*\* = 9.91 X Fee from below = Fee Paid

Independent Claims 3 - 3 \*\* = 0.90 X Fee from below = Fee Paid

Multiple Dependent            = Fee Paid

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	52	2202	26	Claims in excess of 20	
1201	220	2201	110	Independent claims in excess of 3	
1203	390	2203	195	Multiple dependent claim, if not paid	
1204	220	2204	110	**Reissue independent claims over original patent	
1205	52	2205	26	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)					

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge-late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2520	1812	2520	For filing a request for <i>ex parte</i> reexamination	
1804	920	1804	920	Requesting publication of SIR prior to Examiner action	
1805	1840	1805	1840	Requesting publication of SIR after Examiner action	
1251	130	2251	65	Extension for reply within first month	
1252	490	2252	245	Extension for reply within second month	
1253	1110	2253	555	Extension for reply within third month	
1254	1730	2254	865	Extension for reply within fourth month	
1255	2350	2255	1175	Extension for reply within fifth month	
1401	540	2401	270	Notice of Appeal	
1402	540	2402	270	Filing a brief in support of an appeal	
1403	1080	2403	540	Request for oral hearing	
1451	1510	1451	1510	Petition to institute a public use proceeding	
1452	540	2452	270	Petition to revive - unavoidable	
1453	1620	2453	810	Petition to revive - unintentional	
1501	1510	2501	755	Utility issue fee (or reissue)	
1502	860	2502	430	Design issue fee	
1503	1190	2503	595	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	810	2809	405	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	810	2810	405	For each additional invention to be examined (37 CFR 1.129(b))	
1801	810	2801	405	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

## SUBMITTED BY

Name(Print/Type)

Charles E. Gotlieb

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(Attorney/Agent)

38,164

(Complete (if applicable))

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Signature

*Charles E. Gotlieb*

Date

8/28/2009

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